Child and Adult Care Food Program (CACFP)

MEAL PATTERN IMPLEMENTATION OPTION SELECTION FORM

For Child Care Centers and Family Day Care Home Sponsors

USDA Final Rule Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010

INSTRUCTIONS

Before completing this form, review the Connecticut State Department of Education's (CSDE) operational memorandum No. 13C-16 and 13H-16 and accompanying handouts, *Options for Early Implementation of the New Meal Pattern Provisions for the CACFP* for infants and children, for detailed guidance on the early implementation options. This form consists of the four sections below.

- **Section 1 Sponsor Information (page 1):** Indicate the CACFP institution's name and agreement number.
- Section 2 Selected Option (pages 2-3): Select the one option that will be used by the CACFP institution or sponsor:
 - Option 1 Specific Provisions (see page 2);
 - o Option 2 Entire Meal Pattern (see page 3); or
 - Option 3 No Change (see page 3).

CACFP sponsors with multiple centers must choose the same option for all centers. CACFP family day care home sponsors must choose the same option for all family day care homes.

- Section 3 Ensuring Compliance (page 4): This section describes how the CACFP institution or sponsor will fully train staff and successfully implement and monitor all updated meal pattern requirements, and provides information on all CACFP staff who attended the CSDE workshop on the new CACFP meal patterns. *Note: Complete this section only if the CACFP institution or sponsor is choosing either option 1 or 2.*
- Section 4 Authorized Representative Signature (page 5): One of the CACFP institution's authorized representatives must sign and date the form.

CACFP institutions and sponsors may begin to implement option 1 at any time, as long as all required provisions of the new meal pattern are in place by October 1, 2017. CACFP institutions and sponsors may begin to implement option 2 at any time prior to October 1, 2017, only after receiving approval from the CSDE. CSDE approvals will be on a case-by-case basis, and only for CACFP sponsors that can demonstrate their capacity to fully train all staff/providers and successfully implement and monitor all updated meal pattern requirements.

Submit the completed form to the CSDE by e-mail to maria.santini@ct.gov, by **December 31, 2016**.

| SECTION 1 – SPONSOR INFORMATION | |
|---------------------------------|-----------|
| | Agreement |
| Sponsor Name: | Number: |

MEAL PATTERN IMPLEMENTATION OPTION SELECTION FORM, continued

SECTION 2 – SELECTED OPTION

The CACFP institution or sponsor listed on page 1 agrees that all centers/homes will use the option below for implementation of the U.S. Department of Agriculture's (USDA) updated CACFP meal patterns for children and infants.

| Check (☑) one option. | | | | | | | |
|---|--|--|---|--|--|--|--|
| plu cur. Pro imp by (| all provisions of the new ent meal patterns, as outle visions for the CACFP, for lement this option at any October 1, 2017. | CACFP meal patterns for ined in <i>Options for Early</i> or infants and children. Catime, as long as all require below. Complete section | or childr Implem ACFP in ed prov | CFP meal patterns for children and infants, dren and infants that are consistent with the mentation of the New Meal Pattern institutions and sponsors may begin to evisions of the new meal pattern are in place (see 4) and section 4 (page 5), and attach a | | | |
| | Intended start date for C | | | | | | |
| B. Check all provisions that will be implemented at all centers under the CACFP institution all day care homes under the family day care home sponsor on the start date indicated about | | | | | | | |
| | Meal Pattern for | Children (Ages 1-12) | | Meal Pattern for Infants (0-11 Months) | | | |
| | 2. Allows fat-free 6 and older. No recommends se milk 3. Requires at least whole grain-ric 4. Allows meat an place of the ent breakfast up to 5. Allows tofu and meat alternates. 6. Eliminates grain the grains comp 7. Requires breakfast | ad meat alternates in ire grains component at three times per week. It soy yogurt to credit as in-based desserts from | | Reimburses infant meals when the mother breastfeeds on site. Allows yogurt, whole eggs, and ready-to-eat cereals with no more than 6 grams of sugar per dry ounce for developmentally ready infants. Requires a vegetable or fruit, or both, to be served at snack for infants ages 6-11 months. Eliminates fruit juice as a creditable component in the infant meal pattern. Eliminates cheese food and cheese spread as creditable components in the infant meal pattern | | | |
| | 8. Requires yogur than 23 grams of 9. Limits juice to per day, includi 10. Prohibits deep- | fat frying foods on-site, submerging food in | | | | | |

MEAL PATTERN IMPLEMENTATION OPTION SELECTION FORM, continued

| Α. | Intended start date for Option 2: | |) and section 4 (page 5), and attach a me |
|-----|---|----|--|
| | Meal Pattern for Children (Ages 1-12) | | Meal Pattern for Infants (0-11 Months) |
| 1. | Prohibits flavored milk for ages 1-5. | 1. | Reimburses infant meals when the |
| 2. | Allows fat-free flavored milk for ages 6 and older. <i>Note: USDA best practice recommends serving only unflavored milk</i> | 2. | to-eat cereals with no more than 6 gram |
| 3. | Requires at least one daily serving of whole grain-rich foods. | | of sugar per dry ounce for developmentally ready infants. |
| 4. | Allows meat and meat alternates in place of the entire grains component at breakfast up to three times per week. | 3. | Requires a vegetable or fruit, or both, to be served at snack for infants ages 6-11 months. |
| 5. | Allows tofu and soy yogurt to credit as meat alternates. | 4. | Eliminates fruit juice as a creditable component in the infant meal pattern. |
| 6. | Eliminates grain-based desserts from the grains component. | 5. | Eliminates cheese food and cheese spread as creditable components in the infant meal pattern |
| 7. | Requires breakfast cereals to contain no more than 6 grams of sugar per dry ounce. | 6. | Requires breast milk and infant formula for infants from birth through 5 months |
| 8. | Requires yogurt to contain no more than 23 grams of sugar per 6 ounces. | 7. | Requires two age groups instead of thre 0-5 months and 6-11 months. |
| 9. | Limits juice to no more than one meal per day, including snack. | 8. | Requires solid foods to be gradually introduced around 6 months of age, as |
| 10. | Prohibits deep-fat frying foods on-site, i.e., cooking by submerging food in hot oil or other fat. | | developmentally appropriate. |
| 11. | Allows juice to fulfill the entire vegetable component or fruit component. | | |
| 12. | Permits parents and guardians to provide one meal component for participants with nondisability medical or special dietary needs. | | |
| 13. | Extends offer versus serve to at-risk afterschool programs (at-risk afterschool child care centers only). | | |

Option 3– No Changes: Continue to implement the current CACFP meal patterns for children and infants (if applicable) without any changes through September 30, 2017, and begin full implementation of all provisions of the new meal patterns on October 1, 2017.

MEAL PATTERN IMPLEMENTATION OPTION SELECTION FORM, continued

SECTION 3 – ENSURING COMPLIANCE

| A. | CACFP institutions or sponsors selecting either option 1 or 2 must complete this section. Describe how the |
|----|--|
| | CACFP institution or sponsor will fully train all staff/providers and successfully implement and monitor all |
| | updated meal pattern requirements. Attach additional page if needed. |

B. Indicate the names and titles of all CACFP staff who attended the CSDE workshop on the new CACFP meal patterns, and the date attended. Attach additional page if needed.

| Name of CACFP Staff | Title | Date Attended Workshop |
|---------------------|-------|------------------------|
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C. Attach a menu that reflects the new requirements of option 1 or 2.

| TION FORM, continued |
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| Date |
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| e (USDA) civil rights regulations and cipating in or administering USDA programs lisability, age, or reprisal or retaliation for SDA. |
| program information (e.g. Braille, large tate or local) where they applied for benefits. act USDA through the Federal Relay Service in languages other than English. |
| Discrimination Complaint Form, (AD-3027) any USDA office, or write a letter addressed To request a copy of the complaint form, call |
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| tal opportunity/affirmative action for all scriminate in any employment practice, is creed, sex, age, national origin, ancestry, luding, but not limited to, intellectual rning disability), genetic information, or any aws. The Connecticut State Department of ast qualified persons with a prior criminal ion policies should be directed to: Levy is Act Coordinator, Connecticut State 60-807-2071, Levy. Gillespie @ct.gov. |
| |

FOR CSDE USE ONLY Option 1 Option 2 Option 3 Approved for: CSDE CACFP Consultant Date

 $This form\ is\ available\ in\ PDF\ at\ www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/earlyimpform.pdf\ and$ Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/forms/earlyimpform.doc.